## In brief

Fall in family practice trainees in Canada: The proportion of medical students in Canada opting for family practice in their postgraduate residency dropped this year to 24%, according to the CMAI (the journal of the Canadian Medical Association). By 27 February, 29% (139/484) of training positions in family medicine had remained unfilled. Lower incomes for GPs, a perception that family practice is regarded as the least prestigious choice, and high levels of student debt are given as reasons for the trend.

Tories call for politics-free NHS: Politics should be taken out of the NHS and more freedom should be given to health professionals, says a Conservative party report, launched this week. The report is the first part of many that the Conservatives plan to publish in the coming months on overhauling the NHS. The opposition health secretary, Dr Liam Fox, added: "What the NHS needs is less bureaucracy and more beds."

International criminal court set up: The first judges have been inaugurated to the International criminal court in The Hague, the Netherlands. The court is an independent judiciary that has been set up specifically to try war criminals and hear cases of genocide and crimes against humanity. See www.iccnow.org

Medicines labelling to be improved: The Department of Health in England has announced new guidelines on clearer labelling of medicines in an attempt to avoid medication errors. They include clearer information on dosage and warnings and come into effect immediately. See www.mca.gov.uk

Slovakians to pay towards health bills: Slovakia's parliament has approved a healthcare reform bill whereby citizens will now have to cover part of the costs of hospital admission and doctors' visits. This will amount to an average of 50 korunas (£0.83; \$1.32, £1.20) a month per patient, according to health ministry estimates. Children aged under 6 years and pregnant women are exempted.

## Gynaecologist faces inquiry after woman nearly dies after abortion

Owen Dyer London

A consultant obstetrician and gynaecologist was last week accused at a General Medical Council hearing of a "unique" catalogue of errors that nearly killed a young woman having an abortion.

On 6 November 2000 Dr Andrew Gbinigie did a dilatation and evacuation on a 21 year old woman, referred to in the case as Miss A. It was his first day in a new job at the Calthorpe Clinic in Birmingham. He is accused of perforating Ms A's bowel and removing her right ovary, fallopian tube, and ureter. The patient was rushed to Birmingham Women's Hospital, where it took three consultants five hours to save her life. She eventually recovered, but her right kidney also had to be removed.

Staff from the Calthorpe Clinic told the GMC's professional conduct committee of their growing disquiet as they watched Dr Gbinigie perform three abortions on his first morning of work. Dr



Dr Andrew Gbinigie

Thomas Strain, the anaesthetist, said he thought Dr Gbinigie was inserting the forceps too deeply. "It seemed to me that he could have well perforated the uterus," he said. "I remember thinking, 'he is the consultant gynaecologist, I am not, he must know what he is doing."

The theatre sister, whose name was withheld, became concerned about Dr Gbinigie's capabilities after he left parts of fetuses in all three women, said Vivian Robinson QC, representing the GMC.

His first case after lunch was Miss A, who carried a 20 week old fetus. After removing various pieces of tissue that the sister did not recognise, said Mr Robinson, "he then pulled down what appeared to the sister to be some bowel. She was shocked and asked if it was the bowel and he said he was not sure." At that point he called for an ambulance and arranged Miss A's transfer to hospital.

Dr Susan Blunt, one of the three consultants who operated on Miss A at Birmingham Women's Hospital, said her internal organs were "just a mess."

"A rush of blood carrying the partially dismembered fetus just went everywhere, all over the place," she said. "The fetus was largely intact, apart from one arm and one leg." Miss A, added Dr Blunt, "was extremely lucky not to have died."

The case is expected to finish next week.  $\Box$ 

## Italy introduces anti-fraud measures

Fabio Turone Milan

The Italian government has approved measures for reducing fraud in the country's health service, provoking strong reactions from both the pharmaceutical industry and the medical profession.

The decree means that any doctors working in the health service may be heavily fined if they are found to have acted improperly.

Investigations of these cases are being led by a special task force based in the health ministry. If the behaviour is deemed by the task force to have damaged the health service, the person responsible is fined. Fines range from €50 000 (£34 340; \$55 000) to a maximum of 20 times the amount obtained by the fraud. The local medical board has two months to imple-

ment the fine and to decide whether additional punishment, such as suspension, is necessary.

Health minister Girolamo Sirchia, who supported the decree, commented: "The honest physicians will have no reason to be afraid."

The new anti-fraud measures were introduced after several cases of fraud in the national health service over the past few months. These cases have ranged from allegations that defective heart valves were implanted by surgeons who had been paid by the manufacturer of the valves; the writing of false prescriptions; unnecessary surgery to obtain reimbursement; and a case of corruption alleging that GlaxoSmithKline sales representatives compensated doctors for prescribing their products rather than generic drugs or competitors' products (22 February, p 413).

The introduction of the decree has provoked strong reactions. The association of pharmaceutical industries, Farmindustria, formally offered full cooperation but, at the

same time, declared an embargo—to take effect from May—on all advertisements and sponsorship of continuing medical education and congress attendance. Farmindustria said the industry would limit its activities to office visits from company sales representatives with samples and booklets approved by the ministry, until the difference between legitimate sponsorship and illicit influence on prescribing were more clearly defined.

This embargo was regarded as "unfair pressure" by Mr Sirchia, who recently announced during a television appearance that investigations similar to that affecting GlaxoSmithKline were being carried out into several other companies.

Many sectors of the medical profession have also strongly opposed the decree on the grounds that it fails to specify in detail what conduct might be considered improper. The National Federation of the Medical Boards condemned the decree as "authoritarian, ineffective, and inappropriate."